## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2003

10776785

| CLAIMS AS FILED - PART I        |  |   |                                       |                                    |                        |                                  |      | SMALL ENTITY       |                        |         | OTHER THAN          |                        |  |
|---------------------------------|--|---|---------------------------------------|------------------------------------|------------------------|----------------------------------|------|--------------------|------------------------|---------|---------------------|------------------------|--|
| Т                               | OTAL CLAIMS                                    |   | (Column 1)                            |                                    | (Column 2)             |                                  | 1    | TYPE [             |                        | OF.     | SMALL               | ENTITY                 |  |
| TOTAL OBAINO                    |  |   | /}                                    |                                    |                        |                                  |      | RATE               | FEE                    | _  .    | RATE                | FEE                    |  |
| FOR                             |  |   | NUMBER FILED                          |                                    | NUMBER EXTRA           |                                  |      | BASIC FE           | E 385.00               | OR      | BASIC FEE           | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS .       |  |   | / minus 20= *                         |                                    |                        | *                                |      | XS 9=              |                        | OR      | XS18=               | ·                      |  |
| INDEPENDENT CLAIMS              |  |   | 4 minus 3 = 7                         |                                    | 7                      | •/                               |      | X43=               |                        | OR      | X86=                | 86                     |  |
| Μl                              | JLTIPLE DEPE                                   | NDENT CLAIM P                               | RESENT                                |                                    |                        |                                  |      | -145=              | <del> </del>           |         | -290=               | - 0 7                  |  |
| * H                             | f the difference                               | e in column 1 is                            | less than zero, enter "0" in column 2 |                                    |                        | column 2                         |      | TOTAL              |                        | OR      |                     | 356                    |  |
| CLAIMS AS AMENDED - PART II     |  |   |                                       |                                    |                        |                                  |      | TOTAL              | <u> </u>               | OR      | TOTAL OTHER         | <del></del>            |  |
| (Column 1) (Column 2) (Column 3 |  |   |                                       |                                    |                        |                                  |      | SMALL              | ENTITY                 | OR      | SMALL               |                        |  |
| AMENDMENT A                     |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                       | HIGHI<br>NUME<br>PREVIO<br>PAID F  | BER<br>OUSLY           | PRESENT<br>EXTRA                 |      | RATE               | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|                                 | Total  | *   | Minus                                 | #                                  |                        | =                                |      | XS 9=              |                        | OR      | X\$18=              |                        |  |
|                                 | Independent                                    |   | Minus ***                             |                                    |                        | =                                |      | X43=               |                        | OR      | X86=                |                        |  |
|                                 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                                    |                        |                                  |      |                    |                        | 1       | +290=               |                        |  |
|                                 |  |   |                                       |                                    |                        |                                  |      | +145=              |                        | OR      | TOTAL               |                        |  |
|                                 |  |   |                                       |                                    |                        |                                  |      | ADDIT. FEE         | L                      | OR      | ADDIT. FEE          |                        |  |
|                                 |  | (Column 1) CLAIMS                           |                                       | (Colum                             |                        | (Column 3)                       | ir   |                    |                        |         |                     |                        |  |
| AMENDMENT B                     |  | REMAINING<br>AFTER<br>AMENDMENT             |                                       | NUMB<br>PREVIO<br>PAID F           | BER<br>USLY            | PRESENT<br>EXTRA                 |      | RATE               | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|                                 | .Total   | *   | Minus                                 | **                                 |                        | = .                              |      | X\$ 9=             |                        | OR      | X\$18=              |                        |  |
| AME                             | Independent                                    | •   | Minus                                 | ###                                | -                      | =                                |      | X43=               |                        | OR      | X86=                | <u></u>                |  |
|                                 | FIRST PRESE                                    | NTATION OF MU                               | LTIPLE DEP                            | ENDENT                             | CLAIM                  |                                  |      | 1.45               |                        | 1       | .000                |                        |  |
|                                 |  |   |                                       | •                                  |                        |                                  | L    | +145=              |                        | OR      | +290=               | •                      |  |
|                                 |  |   |                                       |                                    |                        | •                                | Ά    | TOTAL<br>DDIT FEE  | ·                      | OR ,    | TOTAL<br>ADDIT. FEE |                        |  |
|                                 |  | (Column 1)                                  | <del></del>                           | (Colum                             |                        | (Column 3)                       |      |                    |                        |         | •                   |                        |  |
| AMENDMENT C                     |  | REMAINING<br>AFTER<br>AMENDMENT             |                                       | HIGHE<br>NUMB<br>PREVIOU<br>PAID F | ER<br>USLY             | PRESENT<br>EXTRA                 |      | RATE               | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|                                 | Total  | *   | Minus                                 | **                                 |                        | = .                              | Γ    | X\$ 9=             |                        | OR      | X\$18=              | ,                      |  |
| AME                             | Independent                                    |   | Minus                                 | ***                                |                        | =                                | T    | X43=               |                        | ŀ       | X86=                |                        |  |
|                                 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                                    |                        |                                  |      |                    |                        | OR      |                     |                        |  |
| • If                            | the entry in colum                             |   | +145=                                 | ·                                  | OR                     | +290=                            |      |                    |                        |         |                     |                        |  |
|                                 | f the "Highest Nun<br>f the "Highest Nun       | nber Previously Pai<br>Inber Previously Pai | d For" IN THIS<br>d For" IN THIS      | SPACE is I                         | less than<br>less than | 20, enter "20."<br>3, enter "3." |      | TOTAL<br>ODIT. FEE |                        |         | TOTAL<br>DDIT FEE   |                        |  |
| . 1                             | The "Highest Numl                              | ber Previously Paid                         | For* (Total or                        | Independen                         | nt) is the l           | nighest number                   | foun | d in the app       | ropriate box           | ın colu | ımn 1.              | İ                      |  |